| OLPA | | PART E | B - FEE(S) | TRA | NSMITTAL | | | |
|---|--|--|---|--|---|---|--|--|
| FED 9 1 000 18 | 2 1 2006 ¹⁸ ; | | | | Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg | r Patents | | |
| MSTRUCTIONS Are for appropriate Allertonic for indicate the correct of maintenance fee notification | rm should be used for trans rrespondence including the F below or directed otherwise ns | smitting the ISSU Patent, advance of in Block I, by (a | or I JE FEE and I rders and noti a) specifying a | PUBLIC | CATION FEE (if required of maintenance fees worrespondence address; | red). Blocks 1 through 5 sill be mailed to the current and/or (b) indicating a separate | hould be completed where correspondence address as arate "FEE ADDRESS" for | |
| | CE ADDRESS (Note: Use Block 1 for | any change of address) | | | Note: A certificate of | mailing can only be used for | or domestic mailings of the | |
| 7590 12/27/2005 | | | | | Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| Christopher J. Fildes Fildes & Outland, P.C. Suite 2 20916 Mack Avenue | | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| Grosse Pointe Woods, MI 48236 | | | | | Christopher J. Fildes (Depositor's name) | | | |
| | | | | | (Signature) | | | |
| | | | | | Februáry | 16, 2006 | (Date) | |
| APPLICATION NO. | FILING DATE | FIRST NAMED IN | | INVEN | ITOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/047,963 | 01/15/2002 | Robert P. Schmid | | | lt | 19001.023 | 5952 | |
| TITLE OF INVENTION: D | DIGITAL CAMERA LCD SC | REEN PROTECT | TOR ACCES | ORY02 | /55/5000 WMOFDGE5 | 00000133 10047963 | | |
| 01 FC:2501 700.00 OP | | | | | | | | |
| | | | | 02 | FC:1504 | 300.00 | OP | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | 0 2 (| J BCROOMO N FEE | TOTAL FEE(S) DU E. 00 | OP DATE DUE | |
| nonprovisional | YES | \$700 | | | \$300 | \$1000 | 03/27/2006 | |
| EXAMINER | | | ART UNIT CL | | LASS-SUBCLASS | | | |
| HO, TUAN V | | | 2615 348-333010 | | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer (1) the na or agents (2) the na registerec 2 register | | | | printing on the patent front page, list enames of up to 3 registered patent attorneys ints OR, alternatively, ename of a single firm (having as a member a red attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed. IFildes & Outland, 2 3 | | | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON | THE PATENT | (print | or type) | | | |
| PLEASE NOTE: Unless recordation as set forth i | s an assignee is identified be n 37 CFR 3.11. Completion | low, no assignee of this form is NO | data will app | ear on t for filin | he patent. If an assign g an assignment. | ee is identified below, the c | locument has been filed for | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| HOODMAN Corporation Torrance, California | | | | | | | | |
| Please check the appropriate | e assignee category or catego | ries (will not be p | rinted on the p | atent) : | ☐ Individual ☑ C | orporation or other private gr | oup entity Government | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | | |
| | | | | | mount of the fee(s) is en | | | |
| | | | | | redit card. Form PTO-2038 is attached. is hereby authorized by charge the required fee(s), or credit any overpayment, to | | | |
| Auvance Order - # 0 | - Copies | | Deposit Acc | ount Nu | mber | (enclose an extra c | copy of this form). | |
| | (from status indicated above MALL ENTITY status. See | • | ☐ b. Applic | ant is no | o longer claiming SMA | LL ENTITY status. See 37 C | CFR 1.27(g)(2). | |
| The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec | is requested to apply the Issu Publication Fee (if required) vords of the United States Pate | te Fee and Publica vill not be accepte ent and Trademark | ation Fee (if and d from anyone of Office. | y) or to other t | re-apply any previousl han the applicant; a reg | y paid issue fee to the applic stered attorney or agent; or t | ation identified above. the assignee or other party in | |
| Authorized Signature Whish Fulls | | | | Date 2/16/06 | | | | |
| Typed or printed name Christopher J. Fildes | | | | Registration No. 32,132 | | | | |
| This collection of informati | on is required by 37 CFR 1.3 | 11. The information | on is required | to obtain | n or retain a benefit by | he public which is to file (an | d by the USPTO to process) | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Debox 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.